

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

DRAKE, FRANK NELSON

ADDRESS (number and street)

11800 SINGLETREE LANE #401



Check if different than previously reported. (ACC)

EDEN PRAIRIE

MN

55344

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00616532

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

MN

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
11 / 08 / 2016

in the State of

MN

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2016

through

M M / D D / Y Y Y Y
10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Meredith, Robert, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Meredith, Robert, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 25 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 12

Write or Type Committee Name
DRAKE, FRANK NELSON

Report Covering the Period:

From:

M M / D D / Y Y Y Y
 10 / 01 / 2016

To:

M M / D D / Y Y Y Y
 10 / 19 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2530.00	31573.31
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2530.00	31573.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3185.02	31444.19
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	425.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3185.02	31019.19
8. Cash on Hand at Close of Reporting Period (from Line 27)	2638.12	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2000.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 12

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DRAKE, FRANK NELSON

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

1250.00

21125.00

(ii) Unitemized.....

1280.00

6197.30

(iii) TOTAL of contributions from individuals ▶

2530.00

27322.30

(b) Political Party Committees.....

0.00

1000.00

(c) Other Political Committees (such as PACs).....

0.00

500.00

(d) The Candidate.....

0.00

2751.01

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2530.00

31573.31

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

5500.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

5500.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

425.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

125.00

175.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

2655.00

37673.31

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 12

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3185.02	31444.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	80.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	3500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	3500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	8.00	11.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3193.02	35035.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3176.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2655.00
25. SUBTOTAL (add Line 23 and Line 24).....	5831.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3193.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2638.12

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DRAKE, FRANK NELSON

Full Name (Last, First, Middle Initial)

A. Anderly, Stevens, R, ,

Mailing Address 179 N. Bath Club Blvd

City

North Redington Beach

State

FL

Zip Code

33708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 17 2016

Transaction ID : SA11AI.4767

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Carlson, Richard, A, ,

Mailing Address 6425 Indian Hills Road

City

Edina

State

MN

Zip Code

55439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Attorney

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 19 2016

Transaction ID : SA11AI.4775

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Corrigan, Fredric, w, ,

Mailing Address PO Box 5050

City

Carefree

State

AZ

Zip Code

85377

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 04 2016

Transaction ID : SA11AI.4682

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DRAKE, FRANK NELSON

Full Name (Last, First, Middle Initial)

Ferrara, Todd, , ,

Mailing Address 3825 Upton Avenue South

City

Minneapolis

State

MN

Zip Code

55410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Standard Heating

Occupation

Sales

Receipt For: 2016

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 05 2016

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

250.00

TOTAL This Period (last page this line number only)..... ▶

1250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DRAKE, FRANK NELSON

Full Name (Last, First, Middle Initial)

A. 2020 Brand

Mailing Address 135 Grand Ave E.

City
South St. PaulState
MNZip Code
55075Purpose of Disbursement
Signs and printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

110.04

Transaction ID : SB17.4718

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cross & Oberlie

Mailing Address 916 Byrd Ave

City
NeeenahState
WIZip Code
54956Purpose of Disbursement
Signs and Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

454.73

Transaction ID : SB17.4716

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Cross & Oberlie

Mailing Address 916 Byrd Ave

City
NeeenahState
WIZip Code
54956Purpose of Disbursement
Signs and Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

432.34

Transaction ID : SB17.4761

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

997.11

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DRAKE, FRANK NELSON

Full Name (Last, First, Middle Initial)

A. Facebook

Mailing Address 1 Hacker Way

City
Menlo ParkState
CAZip Code
94025Purpose of Disbursement
Boosting Posts.Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

134.39

Transaction ID : SB17.4709

☐ Memo Item**B. Facebook**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Hacker Way

City
Menlo ParkState
CAZip Code
94025Purpose of Disbursement
Boosting Posts.Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

240.54

Transaction ID : SB17.4710

☐ Memo Item**c. Facebook**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Hacker Way

City
Menlo ParkState
CAZip Code
94025Purpose of Disbursement
Boosting Posts.Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

500.02

Transaction ID : SB17.4742

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

874.95

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DRAKE, FRANK NELSON

Full Name (Last, First, Middle Initial)

A. Lou Nanne's

Mailing Address 7651 France Ave S.

City
MinneapolisState
MNZip Code
55435Purpose of Disbursement
Food for campaign workers

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		19		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

67.00

Transaction ID : SB17.4765

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lunds & Byerlys of Golden Valley

Mailing Address 5725 Duluth St

City
Golden ValleyState
MNZip Code
55422Purpose of Disbursement
Food for campaign workers

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

18.12

Transaction ID : SB17.4727

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lunds & Byerlys of Golden Valley

Mailing Address 5725 Duluth St

City
Golden ValleyState
MNZip Code
55422Purpose of Disbursement
Food for campaign workers

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

43.51

Transaction ID : SB17.4749

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

128.63

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DRAKE, FRANK NELSON

Full Name (Last, First, Middle Initial)

A. Monte Carlo

Mailing Address 219 3rd Ave N

City
MinneapolisState
MNZip Code
55401Purpose of Disbursement
Food for campaign workers

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

171.20

Transaction ID : SB17.4715

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

171.20

TOTAL This Period (last page this line number only).....▶

2171.89

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4109

DRAKE, FRANK NELSON

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

DRAKE, FRANK NELSON, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4812 France Ave S.

City

Edina

State

MN

ZIP Code

55410

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

3500.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

/ D 24 D

/ Y 2016 Y

M M

/ D D

/ Y 12/31/2016 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4570

DRAKE, FRANK NELSON

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

DRAKE, FRANK NELSON, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4812 France Ave S.

City

Edina

State

MN

ZIP Code

55410

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^MD 27^D

Y 2016 Y

M M

D D

Y 12/31/2016 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500.00

TOTALS This Period (last page in this line only).....▶

2000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.